FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

CAMPAR ETHICS AMO

2010 JAN 19 AN 9:49

COMMITTEE NAME (Must be same as on Statement of Organical Committee NAME)	ganization)			171
Committee To Elect Lisa Heddens		1 1 1	ORMORAL DR-2	
IMPORTANT: Indicate by # type of committee you are reporting for (1)Statewide/Legislative/Judge Standing for Retention Candidate (4)County Central Committee (5)County Candidate (6)City Can Subdivision Candidate (8)County PAC (9)City PAC (10)School 11) Local Ballot Issue	(2) State PAC (3) State Party didate (7) School Board or Other Political	(Re	ev. 12/2009) r Office Use On mm. #	- 1/1/2(/)
CANDIDATE COMMITTEES ONLY: Candidate Name Lisa Heddens Office Sought State House of Representatives Late reports are subject to possible civil and criminal penalties. Peanwildate's committee, and the chairperson, for any other type of	Political Party (if applicable) Democrat District (if Senate or House) 46 ursuant to Iowa Code sections 68B.32A(7	Sca Con Aud	anned mputer dited .401(3), the car	ididate, for a
Manu Loudall SIGNATURE OF PERSON FILING REPORT	(515)063-9911 TELEPHONE		1 .1 . 1-	10
I AM FILING A January 19, 2009	REPORT FOR (1) ELECTION /	2)NON-E	LECTION YE	AR.
(report date)	Indicate by #	2		
☐CHECK IF AMENDMENT TO REPORT DATED		ocal Comm	nittees, enter Da	te of Election
Check if this is final (termination) report and attach Notice (You must continue to file reports until a DR-3 is file	4.	ounty & Lo		enter County in
STATEMENT OF CASH ON HAN	ID			
CASH ON HAND at the beginning of the reporting period. (To committee. This amount MUST be the same as the of the last reporting period or must be zero if this is	cash on hand at the end	\$	2,114.92	
ADD TOTAL MONEY TAKEN IN THIS PERIOD				
Schedule A: Cash Contributions total (Attach Sche	dule A) (*also see in-kind below)		18,410.00	
Schedule F: Loans Received total (Attach Schedul				
Schedule H: Total Sales of Campaign Property (Al	tach Schedule H)			
(Schedule H applies to Candidates' Cor	nmittees Only) SUB-TOTAL	\$	20,524.92	
SUBTRACT TOTAL MONEY SPENT THIS PERIO	D			
Schedule B: Expenditures total (Attach Schedule B	3) (**also see debts and loans below)		6,367.76	
Schedule F: Loan Repayments total (Attach Sched	lule F)		800.00	
CASH ON HAND at the end of this reporting period (if final re	eport balance must be zero)	\$	13,357.16	
**UNPAID BILLS (From Schedule D - Attach Schedule D)		\$		
*IN KIND CONTRIBUTIONS (From Schedule E - Attach Sch	edule E)	\$	100.00	
**OUTSTANDING LOANS (From Schedule F - Attach Sched	dule F)	\$		
CONSULTANT BREAKDOWN (Schedule G Attached?)		•	YES	NO
CANDIDATE COMMITTEES ONLY:				
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Al	tach Schedule H)	\$		

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	

SCHEDULE	
(Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
01/08/2009	ID# 6488 CK# 2077	llowa Providers PAC #6488 7235 Hickman Rd, Ste 5 Urbandale, IA 50322		\$ \$250.00	~
01/08/2009	1D# 6070 CK# 3806	lowa LAWPAC #6070 625 E Court Ave Des Moines, IA 50309-1904		\$100.00	V
01/08/2009	ID# 6498 Ск# 1903	Well PAC # 636 Grand Ave, Station 13 Des Moines, IA 50309		\$250.00	
01/08/2009	ID# CK#	Amy Campbell 6504 James Frances Pl Johnson, IA 50131		\$50.00	
01/08/2009	ID# CK#	Susan Cameron 600 Brentwood Dr Waukee, IA 50263		\$100.00	/
01/08/2009	ID# CK#	Chad Russell 1510 Bell Ave Des Moines, IA 50315		\$100.00	/
01/08/2009	ID# CK#	Threase Harms-Hassoun 1908 79th St Windsor Heights, IA 50322		\$100.00	
01/08/2009	1D# 6021 CK# 2391	Credit Union PAC#6021 P.O. Box 10409 Des Moines, IA 50306		\$250.00	
01/08/2009	ID# 6077 CK# 2028	Iowa Pharmacy PAC #6077 8515 Douglas, Ste 16 Des Moines, IA 50322		\$100.00	
01/08/2009	ID# 6118 CK# 2638	lowa Optometric Association PAC#6118 1454 - 30th St, Ste 204 West Des Moines, IA 50266		\$250.00	V
			SUB-TOTAL	\$ 1,550.00	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 12 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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01/09/2009	ID# CK#	Cecilia Tomlonovic 1245 40th St Des Moines, IA 50311		\$35.00	
01/09/2009	ID# CK#	Mary Gannon 4705 Beaver Crest Dr Des Moines, IA 50310		\$50.00	
08/13/2009	ID# 6291 CK# 2747	IHA PAC#6291 100 E Grand, Ste 100 Des Moines, IA 50309		\$1,000.00	
08/13/2009	ID# CK#	Donald Chensvold 2126 Blue Heron Dr Springville, IA 52336-9695		\$300.00	
08/13/2009	ID# CK#	Mary Jane Venteicher 6323 Panorama Dr Panora, IA 50216		\$25.00	
08/13/2009	ID# CK#	Maureen Cahill 815 59th St West Des Moines, IA 50266-7518		\$20.00	_/
08/13/2009	ID# CK#	Chris Wolf 622 Washington Alden, IA 50006		\$25.00	
08/13/2009	ID# CK#	Chad Russell 1510 Bell Ave Des Moines, IA 50315		\$50.00	
08/13/2009	ID# CK#	Susan Cameron 600 Brentwood Dr Waukee, IA 50263		\$200.00	V
08/13/2009	ID# CK#	Steven Ackerson 1634 NW 131st St Clive, IA 50325		\$500.00	
			SUB-TOTAL	\$ 2,205.00	
		TOTAL (if last page	ge of this schedule)		

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Page 2 of 12 (for Schedule A)

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
(Rev. 07/03)	CK THIS BOX IF NDING FORM

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08/13/2009	1D# 6004 CK# 4908	Associated Gen Contractors of IA PAC# 6004 701 E Court Ave Des Moines, IA 50309-4941		\$ \$250.00	
08/13/2009	6073 CK# 1302	lowa Medical PAC #6073 1001 Grand Ave West Des Moines, IA 50265-3502		\$500.00	/
08/13/2009	ID# 8242 CK# 14666	GlaxoSmithKline PAC Five Morre Dr Research Triangle Park, NC 27709		\$500.00	
08/13/2009	ID# 6488 CK# 2081	lowa Providers PAC #6488 7235 Hickman Rd, Ste 5 Urbandale, IA 50322		\$250.00	
08/13/2009	1D# 6118 CK# 2672	lowa Optometric Association PAC#6118 1454 - 30th St, Ste 204 West Des Moines, IA 50266		\$250.00	
08/13/2009	6058 CK# 4506	lowa Chiropractic Society PAC#6058 100 E Grand Ave, Ste 240 Des Moines, IA 50309		\$100.00	V
08/13/2009	1D# 6052 CK# 3410	Independent Insurance Agents of Iowa PAC #6 4000 Westown Pkwy, Ste 200 West Des Moines, IA 50265	052	\$250.00	
08/13/2009	ID# CK#	Kyle Frette 4318 152nd Ct Urbandale, IA 50323		\$50.00	/
08/13/2009	ID# CK#	Threase Harms-Hassoun 1908 79th St Windsor Heights, IA 50322		\$150.00	/
08/13/2009	ID# CK#	Terri Hale 422 NE 37th Ln Ankeny, IA 50021-6788		\$50.00	/
			SUB-TOTAL	\$ 2,350.00	
		TOTAL (if last page	of this schedule)		

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Page 3 of \2_ (for Schedule A)

(Including candidate's personal funds)

(including candidate's personal furids)	
COMMITTEE NAME (Must be same as on Statement of Organization)	-
Committee to Elect Lisa Heddens	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
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Reset Form

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08/13/2009	ID# 6096 CK# 2145	Manor PAC #6096 1400 Dean Ave Des Moines, IA 50316-3938		\$ \$250.00	<u> </u>
08/13/2009	ID# CK#	Andrew Baumert 5068 Coachlight Dr West Des Moines, IA 50265-6928		\$50.00	
08/13/2009	ID# CK#	Richard Allbee P.O. Box 436 Hampton, IA 50441		\$1,000.00	
08/13/2009	ID# CK#	Steven Ackerson 1634 NW 131st St Clive, IA 50325		\$500.00	/
08/13/2009	ID# CK#	Cindy Baddeloo 325 31st St West Des Moines, IA 50265-4003		\$50.00	
08/13/2009	ID# 6067 CK# 4022	lowa Health PAC #6067 West Des Moines, IA 50266		\$1,000.00	
08/27/2009	ID# 6063 CK# 2290	lowa Dental Association PAC#6063 5530 West Parkway, Ste 100 Johnston, IA 50131		\$2,000.00	
09/15/2009	ID# 6488 CK# 2086	lowa Providers PAC #6488 7235 Hickman Rd, Ste 5 Urbandale, IA 50322		\$1,000.00	
09/17/2009	ID# CK#	Helen Rod 4235 Eisenhower Ct Ames, IA 50010		\$25.00	
09/17/2009	ID# CK#	Leigh Tesfatsion 1002 Jarrett Circle Ames, IA 50014		\$200.00	
			SUB-TOTAL	\$ ^{6,075.00}	
		TOTAL (if last page	ge of this schedule)		1

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Page 4 of 12 (for Schedule A)

For	Instruction	s. See F	Back of	Form
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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

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09/17/2009	ID# CK#	Tim Garner 1008 Marston Ave Ames, IA 50010		\$ \$5.00	V
09/17/2009	ID# CK#	Richard Olive 1264 Northridge Rd Story City, IA 50248		\$25.00	
09/18/2009	ID# CK#	George Belitsos 5508 W Lincoln Way Ames, IA 50014		\$30.00	
09/18/2009	ID# CK#	John Cleasby 1801 20th St, Apt B21 Ames, IA 50010-5161		\$40.00	
09/18/2009	ID# CK#	Rebecca Roorda 804 W 2nd St Madrid, IA 50156		\$100.00	
09/18/2009	ID# CK#	Lloyd Dumenil 309 N Franklin Ames, IA 50014-3424		\$100.00	
09/19/2009	ID# CK#	Marcia Imsande 2032 Pinehurst Dr Ames, IA 50010-4561		\$25.00	V
09/19/2009	ID# CK#	Faith Finnemore 2107 Northcrest Dr Ames, IA 50010		\$100.00	/
09/19/2009	ID# CK#	Margaret Knox 635 Agg Ave Ames, IA 50014-7001		\$25.00	
09/22/2009	ID# CK#	C Lynn Bishop 2609 Eisenhower Ave Ames, IA 50010		\$50.00	V
			SUB-TOTAL	\$ 500.00	
		TOTAL (if last p	age of this schedule)		

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Page 5 of 12 (for Schedule A)

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(including candidate's personal funds)	
COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	<u> </u>

SCHEDULE	MONETARY
(Rev. 07/03)	RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

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09/22/2009	ID# CK#	George Kizer 3919 Dawes Dr Ames, IA 50010-4114		\$ \$35.00	
09/23/2009	ID# CK#	Hanna Gradwohl 2003 Ashmore Dr Ames, IA 50014		\$25.00	/
09/23/2009	ID# CK#	Roberta Abraham 2113 Northcrest Dr Ames, IA 50010		\$25.00	
09/23/2009	ID# CK#	Jean Prestemon 4606 Dover Dr Ames, IA 50014-3717		\$25.00	
09/25/2009	ID# CK#	Leslie Pensack 317 S Wilmoth Ames, IA 50014		\$100.00	/
09/25/2009	ID# CK#	Jane Zaring 1955 Meadow Glenn N Ames, IA 50014-8378		\$40.00	
09/25/2009	ID# CK#	Roger Jacobson 2435 Aspen Rd #204 Ames, IA 50010		\$30.00	
09/25/2009	ID# CK#	Doris Foell 1006 Arizona Ave Ames, IA 50014-3611		\$25.00	
09/26/2009	ID# CK#	Judith Hoffman 3820 Quebec St Ames, IA 50014		\$30.00	V
09/28/2009	ID# CK#	Susie Petra 2011 Duff Ave Ames, IA 50010		\$20.00	V
<u>_</u>			SUB-TOTAL	\$ 355.00	

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TOTAL (if last page of this schedule)

of_12 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS			
CHECK THIS BOX II AMENDING FORM				

Reset Form

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09/28/2009	ID# CK#	Irene Beavers 2200 Hamilton Dr, Apt 208 Ames, IA 50014		\$ \$50.00	
09/29/2009	ID# CK#	Clayton Swenson 2308 Hamilton Dr Ames, IA 50014-8201		\$50.00	
09/29/2009	ID# CK#	Jane Halliburton 1128 Roosevelt Arnes, IA 50010-5874		\$200.00	/
09/29/2009	ID# CK#	Beverly Crabtree 3113 Rosewood Cir Ames, Al 50014-4589		\$50.00	/
09/29/2009	ID# CK#	Robert Bourne 724 Brookridge Ave Ames, IA 50010		\$200.00	
09/30/2009	ID# CK#	Deborah Gitchell 2513 Northwood Dr Ames, IA 50010		\$50.00	
10/01/2009	ID# CK#	Linda Galyon 111 Lynn Apt 306 Ames, IA 50014-7128		\$50.00	
10/03/2009	ID# CK#	Mark Smith- 8120 Roberts Terrace Marshalltown, IA 501538		\$50.00	
10/03/2009	ID# CK#	Jim Gaunt - 3423 Clinton Ct Ames, IA 50010-4371		\$5.00	/
10/03/2009	ID# CK#	Sheldon Spencer- 823 Ashwad Drive Huxley, JA Soizy		\$20.00	
			SUB-TOTAL	\$ 725.00	
					1

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Page 7 of 12 (for Schedule A)

For Instructions, See Back of Form	For	Instruc	tions.	See	Back	of	Form
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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	

	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
-		CK THIS BOX IF NDING FORM

Reset Form

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10/03/2009	ID# CK#	Matt Fisher - 821 Grand Ave Ames, IA 50010		\$ \$20.00	_/
10/03/2009	ID# CK#	Amber Corrieri 2804 Aspen Rd Ames, IA 50014		\$25.00	
10/03/2009	ID# CK#	Geoffrey Abelson 1414 Glendale Ave Ames, IA 50010		\$25.00	
10/03/2009	ID# CK#	Carolyn Heising 111 Lynn Ave, Apt 904 Ames, IA 50014-7160		\$25.00	
10/03/2009	ID# CK#	John Maves 3936 200th St Ames, IA 50014		\$40.00	
10/03/2009	ID# CK#	ML Van Valin 301 Westbrook Ln Ames, IA 50014		\$40.00	
10/03/2009	ID# CK#	Evonne Fitzgerald 907 Clayton Rd Colo, IA 50056		\$25.00	
10/03/2009	ID# CK#	Donovan Ölson 2103 Greene St Boone, IA 50036-1265		\$25.00	
10/03/2009	ID# CK#	Ruth Peltier 430 Rookwood Dr Ames, IA 50010-9207		\$25.00	
10/03/2009	ID# CK#	MaryAnn Lundy 4316 Phoenix Ames, IA 50014-3626		\$25.00	
		TOTAL (if	SUB-TOTAL	\$ 275.00	

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Page 8 of 12 (for Schedule A)

For	Instruc	tions	See	Back	οf	Form
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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on	Statement of	f Orga	nizatio	n)	
Committee to Elect Lisa Heddens					

SCHEDULE	=
(Rev. 07/03	MONETARY RECEIPTS
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Reset Form

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NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/03/2009	ID# CK#	Mary Hartung 1007 13th St Ames, IA 50010		\$15.00	/
10/03/2009	ID# CK#	Phyllis Peters 210 S Kellogg Ames, IA 50010		\$35.00	
10/03/2009	ID# CK#	Ralph Rosenberg 811 Ridgewood Ave Ames, IA 50010-5823		\$50.00	
10/03/2009	ID# CK#	Thomas Weber 430 Lynn Ave Ames, IA 50014		\$50.00	
10/03/2009	ID# CK#	Patrick Murphy 155 N Grandview Ave Dubuque, IA 52001		\$50.00	
10/03/2009	ID# CK#	Cornelia Flora 1902 George Allen Ave Ames, IA 50010		\$50.00	/
10/03/2009	ID# CK#	Nancy Marks 1625 24th St Ames, IA 50010-4451		\$50.00	
10/03/2009	ID# CK#	James Gaunt 3423 Clinton Ct Ames, IA 50010-4371		\$50.00	
10/03/2009	ID# CK#	Thomas Beell 1217 Roosevelt Ave Ames, IA 50010-5875		\$50.00	
10/03/2009	ID# CK#	Jean McMaken 30572 Caribou Circle Huxley, IA 50124		\$100.00	
	·		SUB-TOTAL	\$ 500.00	

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Page 9 of 12 (for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

(managed)	
COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/03/2009	ID# CK#	Alric Rothmayer 2500 Kellogg Ave Ames, IA 50010		\$\$100.00	
10/06/2009	ID# CK#	Judy Check 2003 310th St Madrid, IA 50156		\$50.00	
10/08/2009	ID# № 4 <i>8</i> 4 СК# 1059	lowa Society of Anesthesiologists Inc 525 SW 5th St, Ste A Des Moines, IA 50309-4501		\$1,000.00	
10/13/2009	ID# CK#	Julie Pike 2715 Valley View Rd Ames, IA 50014		\$50.00	
10/13/2009	ID# CK#	Margaret Johnson 608 Hodge Ave Ames, IA 50010		\$50.00	/
10/13/2009	ID# CK#	Jennifer Gelwick-Luecke 1908 Northwestern Ave Ames, IA 50010		\$25.00	
10/19/2009	CK# 7036	Pfizer PAC 235 East 42nd St New York, NY 10017		\$300.00	
10/21/2009	ID# CK#	Mary Sand 245 Todd Circle Ames, IA 50014-7773		\$50.00	
10/21/2009	ID# CK#	Cynthia Oppedal Paschen 2117 Graeber St Ames, IA 50014-7016		\$50.00	/
10/21/2009	ID# CK#	Klaus Ruedenberg 2834 Rodd Rd Ames, IA 50014-4030		\$100.00	
			SUB-TOTAL	\$ ^{1,775.00}	
		TOTAL (if last pag	e of this schedule)		

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Page 10 of (Z (for Schedule A)

For Instructions	. See	Back	of	Form
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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/26/2009	ID# 8476 CK# 1337	Medimmune PAC 1 Medimmune Way Gaithersburg, MD 20878		\$ \$100.00	V
10/31/2009	ID# CK#	Shirley Shaw 1814 Waterbury Cr Ames, IA 50010		\$50.00	
11/02/2009	6058 CK# 4560	lowa Chiropractic Society PAC#6058 100 E Grand Ave, Ste 240 Des Moines, IA 50309		\$300.00	
11/02/2009	ID# CK#	Richard Elbert 622 Burnett Ames, IA 50010		\$50.00	
11/02/2009	ID# CK#	Douglas Steenblock 3105 Bayberry Rd Ames, IA 50010		\$200.00	
11/12/2009	ID# 6077 CK# 2072	lowa Pharmacy PAC #6077 8515 Douglas, Ste 16 Des Moines, IA 50322		\$250.00	
11/23/2009	ID# CK#	Brent Wynja 1012 Hunziker Dr Ames, IA 50010-5028		\$150.00	V
11/30/2009	1D# 6078 CK# 1741	lowa Physical Therapy PAC 8355 University Blvd, Ste K Clive, IA 50325-1162		\$250.00	/
12/07/2009	ID# CK#	Kathleen Stuart 325 43rd St Des Moines, IA 50312-2531		\$50.00	
12/07/2009	ID# CK#	Cornelius Broderick 1226 Glen Oaks Dr West Des Moines, IA 50266		\$50.00	
			SUB-TOTAL	\$ 1,450.00	
		TOTAL (if last pag	e of this schedule)		

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Page 11 of 12 (for Schedule A)

For	Instruc	tions.	See	Back	of Form
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(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)	
Committee to Elect Lisa Heddens	

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

Reset Form

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
12/07/2009	ID# CK#	Christine Cownie 204 53rd St Des Moines, IA 50312		\$ \$50.00	
12/07/2009	ID# CK#	Janice Koder 13275 Ashleaf Dr Clive, IA 50325		\$50.00	
12/07/2009	ID# CK#	John Schmidt 3900 John Lynde Rd Des Moines, IA 50312		\$100.00	
12/07/2009	ID# CK#	Nancy Norman 3103 Elmwood Dr Des Moines, IA 50312-4319		\$25.00	
12/07/2009	ID# CK#	Brock Wolff 2511 195th Trail Winterset, IA 50273		\$25.00	
12/07/2009	ID# CK#	Carolyn Hejtmanek 5828 Pleasant St West Des Moines, IA 50266		\$25.00	
12/07/2009	ID# CK#	Nancy Bobo 3519 SW 29th St Des Moines, IA 50321		\$25.00	
12/24/2009	CK# 2089	Baxter Healthcare - PAC 1501 K Street NW, Ste 375 Washington, DC 20005		\$200.00	
12/29/2009	ID# 9762 CK# 1022	lowa Psychiatric Society - PAC 2643 Beaver Ave Des Moines, IA 50310		\$150.00	
	ID# CK#				
			SUB-TOTAL	650.00	

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FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statem	ent of Or	ganization)
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Committee to Elect Lisa Heddens

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/12/09	ID# CK#1250	Risco LC 17013 US Hwy 69 Ames, IA 50010	Storage Unit	\$ ^{294.25}
1/15/09	ID# CK# ₁₂₅₁	Adam Phillips	Fundraiser Reimbursement	35.00
8/20/09	ID# CK# 1252	House Truman Fund 5661 Fleur Dr Des Moines, IA 50321	Contribution	5000.00
9/4/09	ID# CK# ₁₂₅₃	Wal-Mart Ames, IA 50010	Fundraiser supplies	45.36
9/5/09	ID# CK# ₁₂₅₄	Lisa Heddens 4541 513th Ave Ames, IA 50014	Reimbursement - Pizza at PAC event	19.47
9/11/09	ID# CK# ₁₂₅₆	Midwest Printing 512 E Lincoln Way Ames, IA 50010	Invitations	74.90
9/14/09	ID# CK# ₁₂₅₇	Postmaster Ames, IA 50010	Mailing Invitations	132.96
9/19/09	ID# CK# ₁₂₅₈	Cub Foods 3121 Grand Ave Ames, IA 50010	Brats for fundraiser	45.36
			SUB-TOTAL	\$ 5647.30

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	•	of ²

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
B	MONETARY
(Rev. 07/03)	EXPENDITURES
	CK THIS BOX IF NDING FORM

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COMMITTEE NAME	(Must de same as on	· Statement of O	rganization)

Committee to Elect Lisa Heddens

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/25/2009	ID# CK#1259	Postmaster Ames, IA 50014	Fundraiser Mailing returns	\$ 26.21
11/13/2009	ID# CK# ₁₂₆₀	IDP	Jefferson Jackson Dinner	400.00
12/29/2009	ID# CK# 1261	Risco LC 17013 US Hwy 69 Ames, IA 50010	Storage Unit	294.25
***************************************	ID# CK#			
	i	<u> </u>	SUB-TOTAL	1

SUB-TOTAL

TOTAL (if last page of this schedule) \$ 6

\$ 720.46 \$ 6367.76

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page ~	of ²

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE E	IN-KIND
COMMITTEE NAME (Must be same as on Statement of Organization)	(Rev. 06/97)	CONTRIBUTIONS
Committee to Elect Lisa Heddens		
Reset Form		K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
08/01/2009	House Truman Fund 5661 Fleur Dr Des Moines, IA 50321		Invites and postage for PAC event	\$ 100.00	4
· <u>, * · · · · · · · · · · · · · · · · · · </u>			SUB-TOTAL	\$ 100.00	
			TOTAL (if last page of this schedule)	\$ 100.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

MITTEE NAM	E(Must be same as on Statement of Organization)		R-S-C	F	LOANS
	ect Lisa Heddens			(Rev. 02/08)	& RECEIVI
	le reports money loaned to the committee which is ANS FROM LAST REPORTING PERIOD \$		account.	CHECK T	
TI- MONETA	RY LOANS RECEIVED <u>THIS</u> REPORTING PERIO Source of loan, such as a bank, must be shown if a	DD	de loans from candida	ate's personal f	funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LEND (Include Endorser's Name, If Applic		ELATIONSHIP TO IDATE (If Applicable*)	AMOUNT	OF LOAN
(WWW.DD, TTY				\$,
*					
		ı			
RT II - MONE	TARY LOAN REPAYMENTS MADE <u>THIS</u> REPOR	TING PERIOD	. (PART I)	\$	
(Loans	orgiven must be reported on Schedule E In-kind NAME AND ADDRESS OF LEND	TING PERIOD Contributions.) ER RE	ELATIONSHIP TO	AMOUNT	
(Loans	orgiven must be reported on Schedule E In-kind	TING PERIOD Contributions.) ER RE	ELATIONSHIP TO IDATE* (If Applicable)	AMOUNT	REPAID
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LEND (Include Endorser's Name, If Applic Lisa Heddens 4541 513th Ave	TING PERIOD Contributions.) ER RE able) CAND	ELATIONSHIP TO IDATE* (If Applicable)	AMOUNT	REPAID
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LEND (Include Endorser's Name, If Applic Lisa Heddens 4541 513th Ave	TING PERIOD Contributions.) ER RE able) CAND	ELATIONSHIP TO IDATE* (If Applicable)	AMOUNT	REPAID
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LEND (Include Endorser's Name, If Applic Lisa Heddens 4541 513th Ave	TING PERIOD Contributions.) ER RE able) CAND	ELATIONSHIP TO IDATE* (If Applicable)	AMOUNT	REPAID
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LEND (Include Endorser's Name, If Applic Lisa Heddens 4541 513th Ave	TING PERIOD Contributions.) ER RE able) CAND	ELATIONSHIP TO IDATE* (If Applicable)	AMOUNT	REPAID
(Loans) DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LEND (Include Endorser's Name, If Applic Lisa Heddens 4541 513th Ave Ames, IA 50014	TING PERIOD Contributions.) ER READIE) Se	ELATIONSHIP TO IDATE* (If Applicable) Off ITS (PART II) FORGIVEN	\$ 800.0	REPAID